

## **Exhibit A**

## Piedmont Psychiatric Services

Woodruff Road Professional Park \* 2084 Woodruff Road \* Greenville, SC 29607  
(864) 676-8211 \* Fax (864) 676-8422

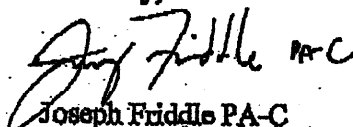
Date: 5/1/12

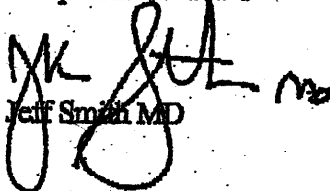
To whom it may concern,

Wendell Cooper is currently under my medical supervision. He is being treated for Generalized Anxiety Disorder. Due to the severity of his condition, I do not recommend he be involved in group meetings discussing his legal case without third party representation. This type of situation has potential to worsen his anxiety and trigger panic episodes, which may lead to hospitalization.

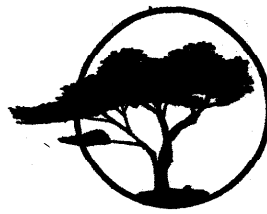
If you have any questions or concerns feel free to contact our office at the numbers provided above. Thank you.

Sincerely,

  
Joseph Friddle PA-C

  
Jeff Smith MD

Tony R. Goodbar, MD \* Jeffrey K. Smith, MD \* Joseph Friddle, PA-C  
Jon Harbin, M.Ed., LPC \* Michael D. Smith, MA, LPC \* Mary Skala, MSW, LISW \* Albert C. Bennett, MA, LPC  
Carol R. Mitchell, MSN, LPC \* Tanya C. Hargrove, MA, LPC



# CYPRESS

INTERNAL MEDICINE

Cypress Internal Medicine Greer  
325 Medical Parkway, Suite 200  
Greer, SC 29650  
Phone (864) 797-9550  
Fax (864) 797-9555

September 12, 2012

Cypress Internal Medicine Patewood  
200 Patewood Drive, Suite B460  
Greenville, SC 29615  
Phone (864) 454-2226  
Fax (864) 454-2223

**Re: Wendell Cooper**  
**MRN: 970-87-9090**  
**DOB: 1/17/56**

Cypress Internal Medicine Maxwell Pointe  
3907 S. Highway 14  
Greenville, SC 29615  
Phone (864) 675-1491  
Fax (864) 675-1572

Cypress Internal Medicine Simpsonville  
1409 W. Georgia Rd, Suite D  
Simpsonville SC 29680  
Phone (864) 454-6540  
Fax (864) 454-6545

To whom it may concern,

I last evaluated Mr. Wendell Cooper on 09/12/2012. I have determined that increased stress has contributed to his intractable headaches. Therefore, he will benefit from stress reduction.

If you have any questions or concerns, please contact my office at 864-797-9550.

Sincerely,



Lynnette J. Guirao, MD

S. Meg Carter, MD  
Banks R. Cates III, MD  
Patricia L. Cheek, MD  
Nanette E. Dendy, MD  
Diane I. Eugenio, MD  
Melanie S. Greene, MD  
Lynnette J. Guirao, MD  
Daryl A. Lapeyrolerie, MD  
Christa R. McCann, MD  
Ann W. Meade, MD  
Dana R. Ray, MD  
Jocelyn R. Renfrow, MD  
Susan C. Satterfield, MD  
Adam D. Scher, MD  
Daniel G. Smith, MD  
Sharon E. Wondracek, MD



**GREENVILLE  
HEALTH SYSTEM**

**Wendell Don Cooper  
117 Palm Springs Way  
Simpsonville SC 29681-8001**

**Date of Birth: 1/17/1956  
November 30, 2015**

I have been Wendell Cooper's Internal Medicine doctor for several years including the years of 2011 to the present.

During that time, I have treated Mr. Cooper for a number of impairments, including coronary artery disease, palpitations, fatigue, cough, foot, and ankle pain and headaches.

It is my opinion based on my treatment of Wendell Cooper that his increase job stress has contributed to his intractable headaches.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'LJ Guirao'.

**Lynnette J. Guirao, MD  
CYPRESS INTERNAL MEDICINE - GREER  
325 Medical Parkway Suite 200  
Greer SC 29650-2459  
864-797-9550**



## GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD External Visit

ID: 141554006

Appointment Facility: Cypress Internal Medicine-Greer

07/11/2012

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

ASA  
Plavix tablet 75 mg 1 tab(s) once a day  
Ambien tablet 10 mg 1 tab(s) once a day (at bedtime)  
Losartan tablet 50 mg 1 tab(s) once a day  
simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)  
fenofibrate tablet 160 mg 1 tab(s) once a day  
Omacor capsule ethyl esters 1000 mg 2 cap(s) 2 times a day  
pravastatin tablet 40 mg 1 tab(s) once a day (at bedtime)  
metoprolol tablet, extended release 25 mg 1 tab(s) once a day  
Vitamin D capsule 50,000 intl units 1 cap(s) 2 times a week

### Past Medical History

CAD s/p stent 2004-2006  
Erectile dysfunction, hypogonadism on androgel  
Depression

### Surgical History

hernia 1990  
foot 1980  
stent 2004/2006  
achilles tendon 2009  
elbow 2011

### Family History

Mother: hypertension, hyperlipidemia, heart disease

### Social History

Smoking Status > 13 years old Are you a:  
Former smoker.  
no Smoking.

### Allergies

Viibryd: Side Effects

### Review of Systems

#### GENERAL:

Negative for fatigue.

#### PULMONARY:

### Reason for Appointment

1. CIMG FUP PER SUE MARGARET

### History of Present Illness

Mr. Cooper is here for evaluation of several symptoms. HE has headaches, ear is tight, when swallowing things get stuck in his throat, has chest palpitations, does not have energy. His throat feels dry. He feels dizzy. He thinks that he has more numbness on his foot, even after surgery. His R calf is still tight, hurting at the heel cord. The numbness seems to be worse. He was told by Dr. McGibbens that he would not deal with the numbness. The pain is not as pronounced. When he drives the numbness is more pronounced. He can't stand on his feet for more than 40 minutes. He saw the psychiatrist, was started on Viibryd 2-3 months ago, end of May, early June. He stopped it because of side effects about a week ago. He went on vacation, and saw a doctor late June in Illinois, and was given cough medicine and zpack, flonase, which subsided. He still has some congestion. He has erectile dysfunction, and used to see Dr. Sterling for it, but he wants another urologist. He wants a different heart doctor too, used to see Dr. Mauer. He wants to get all his doctors in one system. He wants an orthopedic surgeon in the system, and wants his GI doctor (Dr. Palma). He has GERD. He has had exposure to STD's and wanted to be tested.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 222, Wt kg 100.7, BMI 29.29, BP 138/83, HR 52.

### Examination

#### IMS:

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.  
musculoskeletal/feet Normal gait and station, Normal digits and nails.  
Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

### Assessments

no Shortness of breath.

**CARDIOLOGY:**

no Chest discomfort.

**GI:**

no Abdominal pain. no Change in bowel habits.

**MENTAL:**

no Depression. no Anxiety.

1. Coronary artery disease - 414.00 (Primary)
2. Dizziness - 780.4
3. Headache - 784.0
4. Cough - 786.2
5. Fatigue - 780.79
6. Palpitations - 785.1
7. COUNSEL ON OTH SEXUALLY TRANS DIS - V65.45
8. Exposure to sexually transmitted disease (STD) - V01.6

**Treatment**

**1. Coronary artery disease**

LAB: CBC with diff (Heme Profile with diff, HP with diff)

LAB: TSH reflex on abnormal to Free T4

LAB: Comprehensive Metabolic Panel (CMP, CMET)

LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

**2. Dizziness**

LAB: CBC with diff (Heme Profile with diff, HP with diff)

LAB: TSH reflex on abnormal to Free T4

LAB: Comprehensive Metabolic Panel (CMP, CMET)

LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

LAB: Vitamin B12

LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (O11232)

**3. Headache**

Referral To: Ophthalmology

Reason: headache, dizziness

**4. Cough**

Diagnostic Imaging: CHEST PA AND LATERAL

**5. Fatigue**

LAB: Vitamin B12

LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (O11232)

Diagnostic Imaging: CHEST PA AND LATERAL

**6. Palpitations**

LAB: CBC with diff (Heme Profile with diff, HP with diff)

LAB: TSH reflex on abnormal to Free T4

LAB: Comprehensive Metabolic Panel (CMP, CMET)

LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

LAB: Vitamin B12

LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (O11232)

**7. COUNSEL ON OTH SEXUALLY TRANS DIS**

LAB: Hepatitis Panel (HepBsAg, HepBcoreIgM, HepCAb, HepA-Ab)  
(Hepatitis Profile, Acute)

LAB: Herpes Simplex IgM (HSV 1, 2 IgM Ab)

LAB: HIV 1, 2 (Human Immunodeficiency Virus Ab)

**8. Exposure to sexually transmitted disease (STD)**

LAB: Hepatitis Panel (HepBsAg, HepBcoreIgM, HepCAb, HepA-Ab)  
(Hepatitis Profile, Acute)

LAB: Herpes Simplex IgM (HSV 1, 2 IgM Ab)

LAB: HIV 1, 2 (Human Immunodeficiency Virus Ab)

**Immunization**

Toradol : 30mg/1mL given by A.Glenn,RMA on left gluteus

**Procedure Codes**

85025 COMPLETE CBC W/AUTO DIFF WBC

84443 TSH

80053 COMPREHEN METABOLIC PANEL

80061 LIPID PANEL

82607 VITAMIN B-12

82652 ASSAY OF DIHYDROXYVITAMIN D

J1885 Toradol per 15mg

80074 ACUTE HEPATITIS PANEL

86694 HERPES SIMPLEX TEST

86703 HIV-1/HIV-2, SINGLE ASSAY

**Follow Up**

4 Weeks



Electronically signed by Lynnette Guirao on 07/11/2012 at  
04:49 PM EDT

Sign off status: Completed

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Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555

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Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 07/11/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)





# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD External Visit

ID: 141762476

Appointment Facility: Cypress Internal Medicine-Greer

07/17/2012

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

ASA  
Plavix tablet 75 mg 1 tab(s) once a day  
Losartan tablet 50 mg 1 tab(s) once a day  
fenofibrate tablet 160 mg 1 tab(s) once a day  
pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)  
Vitamin D capsule 50,000 intl units 1 cap(s)  
once a month  
Tricor tablet 48 mg 1 tab(s) once a day  
pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)  
Lovaza capsule ethyl esters 1000 mg 2 cap(s)  
2 times a day  
protonix enteric coated tablet 40 mg 1 tab(s)  
once a day  
metoprolol tablet, extended release 50 mg 1  
tab(s) once a day  
trazodone tablet 100 mg 1 tab(s) at bedtime

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on  
androgel  
Depression

### Surgical History

hernia 1990  
foot 1980  
stent 2004/2006  
achilles tendon 2009  
elbow 2011

### Family History

Mother: hypertension, hyperlipidemia, heart  
disease

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.  
no Smoking.

### Allergies

Viibryd: Side Effects

### Review of Systems

#### GENERAL:

### Reason for Appointment

1. CIMG FUP PER LJUM

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. The toradol injection did not really work. He continues to have daily mild headaches. He did see the eye doctor and was prescribed new glasses which he wore intermittently. He wants to go over his test results. His colds and cough are better. He brought a list of all the meds he is taking, and med reconciliation was done.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 224.4, Wt kg 101.79, BMI 29.60, BP 113/66, HR 64.

### Past Orders

Vitamin B12 (Order Date - 07/11/2012)

(Collection Date - 07/11/2012)

VITAMIN B12	396	211-946 - pg/mL
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TSH reflex on abnormal to Free T4 (Order Date - 07/11/2012) (Collection Date - 07/11/2012)

TSH	0.869	0.450-4.500 - uIU/mL
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CBC with diff (Heme Profile with diff. HP with diff) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)

WBC Count	3.4	4.0-10.5 - x10E3/uL
RBC Count	4.69	4.14-5.80 - x10E6/uL
HEMOGLOBIN	14.1	12.6-17.7 - g/dL
HEMATOCRIT	42.0	37.5-51.0 - %
MEAN CELL VOLUME	90	79-97 - fL
MEAN CELL HGB	30.1	26.6-33.0 - pg
MEAN CELL HGB CONC	33.6	31.5-35.7 - g/dL
RED CELL DIST	14.2	12.3-15.4 - %
PLATELET COUNT	198	140-415 - x10E3/uL
NEUTROPHIL ABSOLUTE	1.4	1.8-7.8 - x10E3/uL L
NEUTROPHILS %	41	40-74 - %

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 07/17/2012

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Negative for fatigue.

**PULMONARY:**

no Shortness of breath.

**CARDIOLOGY:**

no Chest discomfort.

**GI:**

no Abdominal pain. no Change in bowel habits.

**MENTAL:**

no Depression. no Anxiety.

LYMPHS ABSOLUTE	1.2	0.7-4.5 - x10E3/uL
MONOS ABSOLUTE	0.6	0.1-1.0 - x10E3/uL
EOSINOPHIL ABSOLUTE	0.1	0.0-0.4 - x10E3/uL
BASOS ABSOLUTE	0.0	0.0-0.2 - x10E3/uL
LYMPHOCYTE	37	14-46 - %
MONOCYTE	17	4-13 - % H
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - x10E3/uL
Immature Granulocytes %	0	0-2 - %

**Vitamin D, 1,25 Dihydroxy-OH, fractionated**  
**(O11232) (Order Date - 07/11/2012) (Collection**  
**Date - 07/11/2012)**

Vit D, 1,25 Dihy Total	77	- pg/mL
Vit D2,1,25 OH	12	- pg/mL
Vit D3,1,25 OH	65	- pg/mL

**Comprehensive Metabolic Panel (CMP, CMET)**  
**(Order Date - 07/11/2012) (Collection Date -**  
**07/11/2012)**

SODIUM	138	134-144 - mmol/L
POTASSIUM	4.1	3.5-5.2 - mmol/L
CHLORIDE	104	97-108 - mmol/L
CARBON DIOXIDE	22	20-32 - mmol/L
GLUCOSE	115	65-99 - mg/dL H
UREA NIT., BLOOD	10	6-24 - mg/dL
CALCIUM	9.0	8.7-10.2 - mg/dL
ALBUMIN	3.9	3.5-5.5 - g/dL
TOTAL PROTEIN	6.6	6.0-8.5 - g/dL
SGOT(AST)	33	0-40 - IU/L
TOT. BILIRUBIN	0.6	0.0-1.2 - mg/dL
SGPT(ALT)	37	0-55 - IU/L
ALK. PHOSPHATASE	72	25-150 - IU/L
CREATININE (SERUM)	1.09	0.76-1.27 - mg/dL
BUN/Creatinine Ratio	9	9-20 -
Globulin, Total	2.7	1.5-4.5 - g/dL
A/G Ratio	1.4	1.1-2.5 -

**Lipid Profile (incl. calc. LDL, HDL/LDL ratio)**  
**(Order Date - 07/11/2012) (Collection Date -**  
**07/11/2012)**

CHOLESTEROL	168	100-199 - mg/dL
TRIGLYCERIDE	100	0-149 - mg/dL
HDL Chol, direct	35	>39 - mg/dL L
LDL Chol, calc	113	0-99 - mg/dL H
VLDL Chol, calc	20	5-40 - mg/dL
LDL/HDL Ratio	3.2	0.0-3.6 - ratio units

**Hepatitis Panel (HepBsAg,**  
**HepBcoreIgM, HepCAb, HepA-Ab) (Hepatitis**  
**Profile, Acute) (Order Date - 07/11/2012)**  
**(Collection Date - 07/11/2012)**

HEP B SURF ANTIGEN	Negative	Negative -
HEP. B CORE (IGM)	Negative	Negative -
HEPAT A AB IGM	Negative	Negative -
HEPATITIS C AB	<0.1	0.0-0.9 - s/co ratio

**Herpes Simplex IgM (HSV 1, 2 IgM Ab) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)**

HSV IgM AB TTTER <0.91 0.00-0.90 - Ratio

**HIV 1, 2 (Human Immunodeficiency Virus Ab) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)**

HIV 1/2 -Index Value <1.00 <1.00 -  
HIV 1/2 -Qual Non Reactive Non Reactive -

**CHEST PA AND LATERAL (Order Date - 07/11/2012) (Collection Date - 07/11/2012)**

**Examination**

**IMS:**

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.  
musculoskeletal/feet Normal gait and station, Normal digits and nails.  
Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

**Assessments**

1. Headache - 784.0 (Primary)
2. Coronary artery disease - 414.00
3. Foot/ankle pain - 719.47
4. Hyperlipidemia - 272.4

**Treatment**

**1. Headache**

Start nortriptyline capsule, 50 mg, 1 cap(s), orally, at bedtime, 30 day (s), 30, Refills 2  
Stop trazodone tablet, 100 mg, 1 tab(s), orally, at bedtime  
Diagnostic Imaging:CT HEAD WO CONTRAST

**2. Coronary artery disease**

Referral To:Cardiology  
Reason:CAD s/p stenting; wants transfer of care to GHS

**3. Foot/ankle pain**

Referral To:Orthopedic  
Reason:foot/ankle pain

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

4 Weeks



Electronically signed by Lynnette Guirao on 07/19/2012 at  
12:07 PM EDT

Sign off status: Completed

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Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555

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Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 07/17/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette  
Guirao, MD External Visit ID: 145188124

Appointment Facility: Cypress Internal Medicine-Greer

09/12/2012

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

nortriptyline capsule 50 mg 1 cap(s) at  
bedtime  
ASA  
Plavix tablet 75 mg 1 tab(s) once a day  
Losartan tablet 50 mg 1 tab(s) once a day  
fenofibrate tablet 160 mg 1 tab(s) once a day  
Tricor tablet 48 mg 1 tab(s) once a day  
pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)  
Lovaza capsule ethyl esters 1000 mg 2 cap(s)  
2 times a day  
protonix enteric coated tablet 40 mg 1 tab(s)  
once a day  
metoprolol tablet, extended release 50 mg 1  
tab(s) once a day  
Vitamin D capsule 50,000 intl units 1 cap(s)  
once a month  
Diffen gel 0.1% apply topically daily  
Doxepin capsule 10 mg 1 cap(s) 3 times a day  
Lunesta tablet 3 mg 1 tab(s) once a day (at  
bedtime)  
levofloxacin tablet 500 mg 1 tab(s) every 24  
hours  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on  
androgel  
Depression

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.  
no Smoking.

### Allergies

Viibryd: Side Effects

### Review of Systems

#### GENERAL:

Negative for fatigue.

#### PULMONARY:

no Shortness of breath.

#### CARDIOLOGY:

### Reason for Appointment

1. CIMG 1MON FUP PER LJUM

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. He said that he continues to have headaches. He thinks that it can be coming from his glasses, and will be following up with ophthalmology to see if he can wear contacts. He also started teaching again in August, and this is causing him stress too as he was assigned to do health education instead of PE, and he is not prepared to do this. He also feels depressed with all his medical problems and symptoms. He is also due to have another surgery on his R ankle. He established with Carolina Cardiology and no changes were made on his regimen.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 227, Wt kg 102.97, BMI 29.95, BP 129/78, HR 58.

### Examination

#### IMS:

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.  
musculoskeletal/feet Normal gait and station, Normal digits and nails.  
Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

### Assessments

1. Headache - 784.0 (Primary)
2. Depression - 311
3. STRESS REACT, EMOTIONAL - 308.0

### Treatment

#### 1. Headache

He has tried nortriptyline for tension headaches, which did not help. We also tried a long course of antibiotics as his CT head showed some sinus thickening. I think most of his headaches may be situational from his new job description and the increase in stressors is making him

no Chest discomfort.

GI: no Abdominal pain. no Change in bowel habits.

MENTAL:  
no Depression. no Anxiety.

have the headaches.

**2. Depression**

Start sertraline tablet, 25 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 3

**3. STRESS REACT, EMOTIONAL**

Advised that stress reduction techniques may help.

**Follow Up**

3 Months



Electronically signed by Lynnette Guirao on 09/12/2012 at 05:52 PM EDT

Sign off status: Completed

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Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555

---

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 09/12/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette  
Guirao, MD External Visit ID: 146367198

Appointment Facility: Cypress Internal Medicine-Greer

12/12/2012

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

Plavix tablet 75 mg 1 tab(s) once a day  
Losartan tablet 50 mg 1 tab(s) once a day  
fenofibrate tablet 160 mg 1 tab(s) once a day  
Tricor tablet 48 mg 1 tab(s) once a day  
pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)  
Lovaza capsule ethyl esters 1000 mg 2 cap(s)  
2 times a day  
protonix enteric coated tablet 40 mg 1 tab(s)  
once a day  
metoprolol tablet, extended release 50 mg 1  
tab(s) once a day  
Vitamin D capsule 50,000 intl units 1 cap(s)  
once a month  
AndroGel 1.62% gel 20.25 mg/1.25 g (1.62%)  
2 pump(s) once a day (in the morning)  
Differron gel 0.1% apply topically daily  
Doxepin capsule 10 mg 1 cap(s) 3 times a day  
ASA  
Ambien tablet 10 mg 1 tab(s) once a day (at  
bedtime)  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on  
androgel  
Depression

### Surgical History

hernia 1990  
foot 1980  
stent 2004/2006  
achilles tendon 2009  
elbow 2011  
Morton's neuroma- 12/15/2011

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.  
no Smoking.

### Allergies

Viibryd: Side Effects  
sertraline

### Reason for Appointment

1. CIMG 3MON FUP PER LJUM

### History of Present Illness

MR. Cooper is here for depression, headaches. He stopped the  
zoloft because of dry mouth, dizziness, was going to the bathroom. All  
tests for headache were fine. Headaches still come and go. HE is still  
doing the health education position. His eyes were checked, and all  
tests were good. He will have bunionectomy Wednesday. HE has been  
taking cough medicine but he feels that he still has congestion in his  
chest. He has seen Dr. Taylor (Carolina Cardiology). He was started on  
ibuprofen for his chest tightness, and has worked for his chest  
tightness. He has been coughing. He is still waking up at night even  
with the cpap machine.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 221.4, Wt kg 100.43, BMI 29.21, BP  
103/66, HR 51.

### Examination

#### IMS:

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no  
accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no  
murmur, and no rub, No lower extremity edema.  
musculoskeletal/feet Normal gait and station, Normal digits and nails.  
Psychiatry Normal mood and affect, Oriented to person, place, and  
time, pleasant and cooperative.

### Assessments

1. Insomnia - 780.52 (Primary)
2. Depression - 311
3. Coronary artery disease - 414.00
4. Neuropathy of Lower Limb Unspec - 355.8
5. STRESS REACT, EMOTIONAL - 308.0
6. GERD - 530.81

### Treatment

1. Coronary artery disease



## Review of Systems

### GENERAL:

Negative for fatigue.

### PULMONARY:

no Shortness of breath.

### CARDIOLOGY:

no Chest discomfort.

### GI:

no Abdominal pain. no Change in bowel habits.

### MENTAL:

no Depression. no Anxiety.

Refill Plavix tablet, 75 mg, 1 tab(s), once a day, 90 days, 90, Refills 3  
Refill Losartan tablet, 50 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3  
Refill fenofibrate tablet, 160 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3  
Stop Tricor tablet, 48 mg, 1 tab(s), orally, once a day  
Refill pravastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 3  
Refill Lovaza capsule, ethyl esters 1000 mg, 2 cap(s), orally, 2 times a day, 90 days, 360, Refills 3  
Refill metoprolol tablet, extended release, 50 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 1

## 2. STRESS REACT, EMOTIONAL

Refill Doxepin capsule, 10 mg, 1 cap(s), orally, 3 times a day, 90 days, 270, Refills 3

## 3. GERD

Refill protonix enteric coated tablet, 40 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3

## 4. Others

Refill Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month, 90 days, 3, Refills 3  
Refill Ambien tablet, 10 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 1

## Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

## Follow Up

3 Months



Electronically signed by Lynnette Guirao on 12/12/2012 at 05:29 PM EST

Sign off status: Completed



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**Cypress Internal Medicine-Greer**  
**325 Medical Parkway**  
**Greer, SC 29650**  
**Tel: 864-797-9550**  
**Fax: 864-797-9555**

---

**Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 12/12/2012**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette  
Guirao, MD External Visit ID: 158795575

Appointment Facility: Cypress Internal Medicine-Greer

03/21/2013

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

Lovaza capsule ethyl esters 1000 mg 2 cap(s)  
2 times a day  
ASA  
Ambien tablet 10 mg 1 tab(s) once a day (at  
bedtime)  
pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)  
Vitamin D capsule 50,000 intl units 1 cap(s)  
once a month  
Diffenr gel 0.1% apply topically daily  
fenofibrate tablet 160 mg 1 tab(s) once a day  
AndroGel 1.62% gel 20.25 mg/1.25 g (1.62%)  
2 pump(s) once a day (in the morning)  
clobetasol topical solution 0.05% 1 app 2  
times a day  
Losartan tablet 50 mg 1 tab(s) once a day  
Plavix tablet 75 mg 1 tab(s) once a day  
protonix enteric coated tablet 40 mg 1 tab(s)  
once a day  
metoprolol tablet, extended release 50 mg 1  
tab(s) once a day  
Medication List reviewed and reconciled with  
the patient

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on  
androgel  
Depression

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.

### Allergies

Viibryd: Side Effects  
sertraline

### Review of Systems

#### PULMONARY:

no Shortness of breath.

#### CARDIOLOGY:

no Chest discomfort.

### Reason for Appointment

1. CIMG 1MONTH FUP

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. He continues to have  
headaches. He has seen ENT, and there was no plan for chronic  
sinusitis, but rather a plan for his nasal septal deviation. He is  
interested in pursuing this. He continues to have stress over his  
workplace though he is not working right now due to his recent foot  
surgery. He says he is fighting administration for what he thinks he  
deserves, and that admin is going against him. With discussing this, he  
suddenly developed a headache.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 225.8, Wt kg 102.42, BMI 29.79, BP  
110/72, HR 63.

### Past Orders

Sed Rate (ESR) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

SED RATE WESTERGREN 3 0-30 - mm/hr

TSH reflex on abnormal to Free T4 (Thyroid

Stimulating Hormone) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

TSH 2.060 0.450-4.500 -  
uIU/mL

CBC with diff (Heme Profile with diff, HP with

diff) (Order Date - 02/13/2013) (Collection Date -

02/13/2013)

WBC Count	4.3	4.0-10.5 - x10E3/uL
RBC Count	4.67	4.14-5.80 - x10E6/uL
HEMOGLOBIN	14.2	12.6-17.7 - g/dL
HEMATOCRIT	42.2	37.5-51.0 - %
MEAN CELL VOLUME	90	79-97 - fL
MEAN CELL HGB	30.4	26.6-33.0 - pg
MEAN CELL HGB CONC	33.6	31.5-35.7 - g/dL
RED CELL DIST	13.5	12.3-15.4 - %
PLATELET COUNT	320	140-415 - x10E3/uL

NEUTROPHIL ABSOLUTE	1.8	1.8-7.8 - x10E3/uL
NEUTROPHILS %	43	40-74 - %
LYMPHS ABSOLUTE	1.5	0.7-4.5 - x10E3/uL
MONOS ABSOLUTE	0.7	0.1-1.0 - x10E3/uL
EOSINOPHIL ABSOLUTE	0.2	0.0-0.4 - x10E3/uL
BASOS ABSOLUTE	0.0	0.0-0.2 - x10E3/uL
LYMPHOCYTE	36	14-46 - %
MONOCYTE	16	4-13 - % H
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - x10E3/uL
Immature Granulocytes %	0	0-2 - %

**Comprehensive Metabolic Panel (CMP, CMET)****(Order Date - 02/13/2013) (Collection Date - 02/13/2013)**

SODIUM	140	134-144 - mmol/L
POTASSIUM	4.6	3.5-5.2 - mmol/L
CHLORIDE	106	97-108 - mmol/L
CARBON DIOXIDE	25	20-32 - mmol/L
GLUCOSE	76	65-99 - mg/dL
UREA NIT., BLOOD	15	6-24 - mg/dL
CALCIUM	9.3	8.7-10.2 - mg/dL
ALBUMIN	4.5	3.5-5.5 - g/dL
TOTAL PROTEIN	7.2	6.0-8.5 - g/dL
SGOT (AST)	41	0-40 - IU/L H
TOT. BILIRUBIN	0.4	0.0-1.2 - mg/dL
SGPT (ALT)	52	0-44 - IU/L H
ALK. PHOSPHATASE	53	25-150 - IU/L
CREATININE (SERUM)	1.23	0.76-1.27 - mg/dL
EST GFR-CAUCASIAN	65	>59 - mL/min/1.73
ES GFR-NON CAUCASIAN	75	>59 - mL/min/1.73
BUN/Creatinine Ratio (LC)	12	9-20 -
Globulin, Total (LC)	2.7	1.5-4.5 - g/dL
A/G Ratio (LC)	1.7	1.1-2.5 -

**Lipid Profile (incl. calc. LDL, HDL/LDL ratio)****(Order Date - 02/13/2013) (Collection Date - 02/13/2013)**

CHOLESTEROL	167	100-199 - mg/dL
TRIGLYCERIDE	97	0-149 - mg/dL
HDL Chol, direct	37	>39 - mg/dL L
LDL Chol, calc	111	0-99 - mg/dL H
VLDL Chol, calc	19	5-40 - mg/dL
LDL/HDL Ratio	3.0	0.0-3.6 - ratio units

**Vitamin B12 (Order Date - 02/13/2013)****(Collection Date - 02/13/2013)**

VITAMIN B12	367	211-946 - pg/mL
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**Testosterone Total (Order Date - 02/13/2013)****(Collection Date - 02/13/2013)**

TOTAL TESTOSTERONE	374	348-1197 - ng/dL
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**Vitamin D, 25-OH Total (25-OH-D,****Cholecalciferol Metabolite) (Order Date -****02/13/2013) (Collection Date - 02/13/2013)**

Vitamin D 25-OH total	14.7	30.0-100.0 - ng/mL
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### **Examination**

#### **IMS:**

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.

### **Assessments**

1. Headache - 784.0 (Primary)
2. Mild vitamin D deficiency - 268.9
3. STRESS REACT, EMOTIONAL - 308.0

### **Treatment**

#### **1. Headache**

I went over his test results. I believe his headache is mainly from his stressors, and that he is experiencing chronic daily tension headaches. He was told by ENT that an MRI would be ordered (CT was negative). I would rather refer to neurology.

Referral To: Neurology

Reason: chronic headache

#### **2. Mild vitamin D deficiency**

Continue Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month

#### **3. STRESS REACT, EMOTIONAL**

Advised stress reduction techniques.

### **Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

### **Follow Up**

3 Months



Electronically signed by Lynnette Guirao on 03/25/2013 at 08:09 PM EDT

**Sign off status: Completed**

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**Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555**

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**Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 03/21/2013**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS  
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette  
Guirao, MD External Visit ID: 165299439

Appointment Facility: Cypress Internal Medicine-Greer

05/15/2013

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

clobetasol topical 0.05% solution 1 app 2 times a day  
AndroGel 1.62% 20.25 mg/1.25 g (1.62%) gel 2 pump(s) once a day (in the morning)  
Vitamin D 50,000 intl units capsule 1 cap(s) once a month  
fenofibrate 160 mg tablet 1 tab(s) once a day  
Differron gel 0.1% apply topically daily  
pravastatin 40 mg tablet 1 tab(s) once a day (at bedtime)  
Ambien 10 mg tablet 1 tab(s) once a day (at bedtime)  
ASA  
Lovaza ethyl esters 1000 mg capsule 2 cap(s) 2 times a day  
metoprolol 50 mg tablet, extended release 1 tab(s) once a day  
protonix 40 mg enteric coated tablet 1 tab(s) once a day  
Plavix 75 mg tablet 1 tab(s) once a day  
Losartan 50 mg tablet 1 tab(s) once a day  
Medication List reviewed and reconciled with the patient

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on androgel  
Depression  
Headache

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.

### Allergies

sertraline  
Viibryd: Side Effects

### Review of Systems

#### PULMONARY:

no Shortness of breath.

#### CARDIOLOGY:

no Chest discomfort.

### Reason for Appointment

1. CIMG FOLLOW UP

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. He went to the neurologist, Dr. Kistler, was diagnosed with tension headache, was given a muscle relaxant. He has been coughing x 2 weeks. He is not bringing up phlegm. He has no postnasal discharge. He has a facial lesion on the R cheek. He will have a nasal deviation surgery on Tuesday.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 228, Wt kg 103.42, BMI 30.08, BP 119/71, HR 43.

### Examination

#### IMS:

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.

### Assessments

1. ACUTE BRONCHITIS - 466.0 (Primary)
2. Face lesion - 709.9
3. Tension headache - 307.81

### Treatment

#### 1. ACUTE BRONCHITIS

Start Azithromycin 5 Day Dose Pack tablet, 250 mg, 1 PKT(S), orally, 1 time, 5 day(s), 5

#### 2. Face lesion

He was referred to dermatology.

#### 3. Tension headache

Will f/u with neurology.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

3 Months



Electronically signed by Lynnette Guirao on 05/16/2013 at 05:22 PM EDT

Sign off status: Completed

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Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555

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Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 05/15/2013

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# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE EMP HEAL. PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 145188124

Appointment Facility: Cypress Internal Medicine-Greer

09/12/2012

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

nortriptyline capsule 50 mg 1 cap(s) at bedtime  
ASA  
Plavix tablet 75 mg 1 tab(s) once a day  
Losartan tablet 50 mg 1 tab(s) once a day  
fenofibrate tablet 160 mg 1 tab(s) once a day  
Tricor tablet 48 mg 1 tab(s) once a day  
pravastatin tablet 40 mg 1 tab(s) once a day (at bedtime)  
Lovaza capsule ethyl esters 1000 mg 2 cap(s) 2 times a day  
protonix enteric coated tablet 40 mg 1 tab(s) once a day  
metoprolol tablet, extended release 50 mg 1 tab(s) once a day  
Vitamin D capsule 50,000 intl units 1 cap(s) once a month  
Differin gel 0.1% apply topically daily  
Doxepin capsule 10 mg 1 cap(s) 3 times a day  
Lunesta tablet 3 mg 1 tab(s) once a day (at bedtime)  
levofloxacin tablet 500 mg 1 tab(s) every 24 hours  
Medication List reviewed and reconciled with the patient

### Past Medical History

CAD s/p stent 2002-2006, 2011  
Erectile dysfunction, hypogonadism on androgel  
Depression

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.  
no Smoking.

### Allergies

Vibryd: Side Effects

### Review of Systems

#### GENERAL:

Negative for fatigue.

#### PULMONARY:

no Shortness of breath.

#### CARDIOLOGY:

### Reason for Appointment

1. CIMG 1MON FUP PER LJUM

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. He said that he continues to have headaches. He thinks that it can be coming from his glasses, and will be following up with ophthalmology to see if he can wear contacts. He also started teaching again in August, and this is causing him stress too as he was assigned to do health education instead of PE, and he is not prepared to do this. He also feels depressed with all his medical problems and symptoms. He is also due to have another surgery on his R ankle. He established with Carolina Cardiology and no changes were made on his regimen.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 227, Wt kg 102.97, BMI 29.95, BP 129/78, HR 58.

### Examination

#### IMS:

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.  
musculoskeletal/feet Normal gait and station, Normal digits and nails.  
Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

### Assessments

1. Headache - 784.0 (Primary)
2. Depression - 311
3. STRESS REACT, EMOTIONAL - 308.0

### Treatment

#### 1. Headache

He has tried nortriptyline for tension headaches, which did not help. We also tried a long course of antibiotics as his CT head showed some sinus thickening. I think most of his headaches may be situational from his new job description and the increase in stressors is making him

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Notes: Lynnette J. Guirao, MD 09/12/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

no Chest discomfort.  
GI: no Abdominal pain. no Change in bowel habits.  
MENTAL: no Depression. no Anxiety.

have the headaches.

**2. Depression**

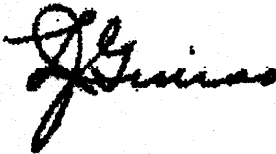
Start sertraline tablet, 25 mg, 1 tab(s), orally, once a day, 30 day(s), 30.  
Refills 3

**3. STRESS REACT, EMOTIONAL**

Advised that stress reduction techniques may help.

**Follow Up**

3 Months



Electronically signed by Lynnette Guirao on 09/12/2012 at  
05:52 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 09/12/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**GREENVILLE  
HEALTH SYSTEM****765 Cypress Int Med Greer**325 Medical parkway  
Suite 200  
Greer, SC 29650  
(864) 797-9550**--- APPROVED ---****Date** Nov 30 2015 11:31:52 AM  
**Type** Credit Card - Sale

---

**Patient First Name** WENDELL  
**Patient Last Name** COOPER  
**Epic Patient ID** 100748216  
**Epic MRN** 970879090

---

**Authorization Amount** \$12.00  
**Authorization Code** 030144  
**Card Holder Name** WENDELL DON COOPER  
**Card Type** VISA  
**Card Number** \*\*\*\*\*7663  
**Card Entry Mode** Swiped  
**Response Message Code** APPROVAL 000  
**Mode** Issuer

---

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO MY CARD HOLDER AGREEMENT.

Thank you.



# GREENVILLE HEALTH SYSTEM

## COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956  
117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE EMP HEALTH PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette  
Guirao, MD External Visit ID: 158795575

Appointment Facility: Cypress Internal Medicine-Greer

03/21/2013

Progress Notes: Lynnette J. Guirao, MD

### Current Medications

Lovaza capsule ethyl esters 1000 mg 2 cap(s)  
2 times a day

ASA

Ambien tablet 10 mg 1 tab(s) once a day (at  
bedtime)

pravastatin tablet 40 mg 1 tab(s) once a day  
(at bedtime)

Vitamin D capsule 50,000 intl units 1 cap(s)  
once a month

Diffem gel 0.1% apply topically daily

fenofibrate tablet 160 mg 1 tab(s) once a day

AndroGel 1.62% gel 20.25 mg/1.25 g (1.62%)

2 pump(s) once a day (in the morning)

clobetasol topical solution 0.05% 1 app 2  
times a day

Losartan tablet 50 mg 1 tab(s) once a day

Plavix tablet 75 mg 1 tab(s) once a day

protonix enteric coated tablet 40 mg 1 tab(s)  
once a day

metoprolol tablet, extended release 50 mg 1  
tab(s) once a day

Medication List reviewed and reconciled with  
the patient

### Past Medical History

CAD s/p stent 2003-2006, 2011

Erectile dysfunction, hypogonadism on  
androgel

Depression

### Social History

Smoking Status > 13 years old Are you a:  
Never smoker.

### Allergies

Vibryd: Side Effects  
sertraline

### Review of Systems

#### PULMONARY:

no Shortness of breath.

#### CARDIOLOGY:

no Chest discomfort.

### Reason for Appointment

1. CIMG 1MONTH FUP

### History of Present Illness

Mr. Cooper is here for f/u of his headaches. He continues to have headaches. He has seen ENT, and there was no plan for chronic sinusitis, but rather a plan for his nasal septal deviation. He is interested in pursuing this. He continues to have stress over his workplace though he is not working right now due to his recent foot surgery. He says he is fighting administration for what he thinks he deserves, and that admin is going against him. With discussing this, he suddenly developed a headache.

### Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 225.8, Wt kg 102.42, BMI 29.79, BP  
110/72, HR 63.

### Past Orders

Sed Rate (ESR) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

SED RATE WESTERGREN 3

0-30 - mm/hr

TSH reflex on abnormal to Free T4 (Thyroid

Stimulating Hormone) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

TSH 2.060

0.450-4.500 -  
uIU/mL.

CBC with diff (Heme Profile with diff, HP with

diff) (Order Date - 02/13/2013) (Collection Date -

02/13/2013)

WBC Count

4.3

4.0-10.5 - x10E3/uL

RBC Count

4.67

4.14-5.80 -  
x10E6/uL

HEMOGLOBIN

14.2

12.6-17.7 - g/dL

HEMATOCRIT

42.2

37.5-51.0 - %

MEAN CELL VOLUME

90

79-97 - fL

MEAN CELL HGB

30.4

26.6-33.0 - pg

MEAN CELL HGB CONC

33.6

31.5-35.7 - g/dL

RED CELL DIST

13.5

12.3-15.4 - %

PLATELET COUNT

320

140-415 - x10E3/uL

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 03/21/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NEUTROPHIL ABSOLUTE	1.8	1.8-7.8 - $\times 10^3/\mu\text{L}$
NEUTROPHILS %	43	40-74 - %
LYMPHS ABSOLUTE	1.5	0.7-4.5 - $\times 10^3/\mu\text{L}$
MONOS ABSOLUTE	0.7	0.1-1.0 - $\times 10^3/\mu\text{L}$
EOSINOPHIL ABSOLUTE	0.2	0.0-0.4 - $\times 10^3/\mu\text{L}$
BASOS ABSOLUTE	0.0	0.0-0.2 - $\times 10^3/\mu\text{L}$
LYMPHOCYTE	36	14-46 - %
MONOCYTE	16	4-13 - %
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - $\times 10^3/\mu\text{L}$
Immature Granulocytes %	0	0-2 - %

**Comprehensive Metabolic Panel (CMP, CMET)**

(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

SODIUM	140	134-144 - mmol/L
POTASSIUM	4.6	3.5-5.2 - mmol/L
CHLORIDE	106	97-108 - mmol/L
CARBON DIOXIDE	25	20-32 - mmol/L
GLUCOSE	76	65-99 - mg/dL
UREA NIT. BLOOD	15	6-24 - mg/dL
CALCIUM	9.3	8.7-10.2 - mg/dL
ALBUMIN	4.5	3.5-5.5 - g/dL
TOTAL PROTEIN	7.2	6.0-8.5 - g/dL
SGOT (AST)	41	0-40 - IU/L II
TOT. BILIRUBIN	0.4	0.0-1.2 - mg/dL
SGPT (ALT)	52	0-44 - IU/L II
ALK. PHOSPHATASE	53	25-150 - IU/L
CREATININE (SERUM)	1.23	0.76-1.27 - mg/dL
EST GFR-CAUCASIAN	65	>59 - mL/min/1.73
ES GFR-NON CAUCASIAN	75	>59 - mL/min/1.73
BUN/Creatinine Ratio (LC)	12	9-20 -
Globulin, Total (LC)	2.7	1.5-4.5 - g/dL
A/G Ratio (LC)	1.7	1.1-2.5 -

**Lipid Profile (incl. calc. LDL, HDL/LDL ratio)**

(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

CHOLESTEROL	167	100-199 - mg/dL
TRIGLYCERIDE	97	0-149 - mg/dL
HDL Chol, direct	37	>39 - mg/dL L
LDL Chol, calc	111	0-99 - mg/dL II
VLDL Chol, calc	19	5-40 - mg/dL
LDL/HDL Ratio	3.0	0.0-3.6 - ratio units

**Vitamin B12 (Order Date - 02/13/2013)**

(Collection Date - 02/13/2013)

VITAMIN B12	367	211-946 - pg/mL
-------------	-----	-----------------

**Testosterone Total (Order Date - 02/13/2013)**

(Collection Date - 02/13/2013)

TOTAL TESTOSTERONE	374	348-1197 - ng/dL
--------------------	-----	------------------

**Vitamin D, 25-OH Total (25-OH-D,**

Cholecalciferol Metabolite) (Order Date -

02/13/2013) (Collection Date - 02/13/2013)

Vitamin D 25-OH total	14.7	30.0-100.0 - ng/mL
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L

**Examination****IMS:**

Constitutional well nourished, no apparent distress.  
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.  
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.

**Assessments**

1. Headache - 784.0 (Primary)
2. Mild vitamin D deficiency - 268.9
3. STRESS REACT, EMOTIONAL - 308.0

**Treatment****1. Headache**

I went over his test results. I believe his headache is mainly from his stressors, and that he is experiencing chronic daily tension headaches. He was told by ENT that an MRI would be ordered (CT was negative). I would rather refer to neurology.

Referral To: Neurology

Reason: chronic headache

**2. Mild vitamin D deficiency**

Continue Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month

**3. STRESS REACT, EMOTIONAL**

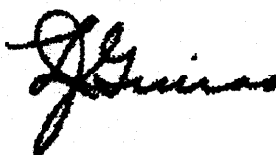
Advised stress reduction techniques.

**Preventive Medicine**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

**Follow Up**

3 Months



Electronically signed by Lynnette Guirao on 03/25/2013 at 08:09 PM EDT



**Sign off status: Completed**

**Cypress Internal Medicine-Greer  
325 Medical Parkway  
Greer, SC 29650  
Tel: 864-797-9550  
Fax: 864-797-9555**

**Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 03/21/2013**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



***Piedmont Psychiatric Services***

Woodruff Road Professional Park • 2894 Woodruff Road • Greenville, SC 29607

(864) 676-9211 • Fax: (864) 676-9432

**RECEIVED**

**JUN 04 2012**

**PERSONNEL**

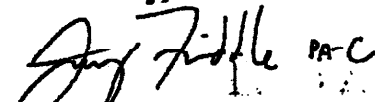
Date: 5/1/12

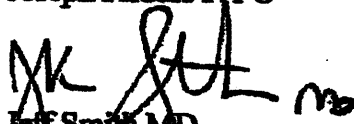
To whom it may concern,

Wendell Cooper is currently under my medical supervision. He is being treated for Generalized Anxiety Disorder. Due to the severity of his condition, I do not recommend he be involved in group meetings discussing his legal case without third party representation. This type of situation has potential to worsen his anxiety and trigger panic episodes, which may lead to hospitalization.

If you have any questions or concerns feel free to contact our office at the numbers provided above. Thank you.

Sincerely,

  
Joseph Friddle PA-C

  
Jeff Smith MD

Tony R. Goodbar, MD • Jeffrey K. Smith, MD • Joseph Friddle, PAC

Jim Harbin, M.Ed., LPC • Michael D. Smith, MA, LPC • Mary Skutts, MSW, LISW • Albert C. Bennett, MA, LPC

Carol R. Mitchell, MSN, LPC • Tanya C. Hargrove, MA, LPC

**Pelham Medical Center**  
**250 Westmoreland Road**  
**Greer, South Carolina 29651 Phone: 864-530-6000**

Patient: Cooper, Wendell  
 Provider: Frederick, Brian S M.D.  
 MLP/Res: \_\_\_\_\_

DI Printed: 1/18/2016 1306  
 RN Primary: Kristi S. R.N.

### AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

\_\_\_\_\_ This page is not a prescription. \_\_\_\_\_

### General Information on HEADACHES

There are many different kinds of headaches. "Tension headaches" come from a tightening of the scalp muscles. This often results from stress or lack of sleep. "Migraines" are a particularly painful kind of headache caused by the temporary opening and closing of certain blood vessels in the brain. Still other headaches can be caused by coughing, smoking, hay fever or simply the common cold.

Some headaches last for just a few minutes and some drag on for days. Fortunately, most everyday headaches are relatively mild and last less than 24 hours.

Sometimes a careful medical examination shows the cause of a headache, but sometimes it does not. In the emergency room, it may not be possible to find the exact cause of a particular headache.

What are the risks?

Most everyday headaches get better over several hours and do not produce any serious medical problems. There is, however, a small risk that the headache may be the first sign of a more serious medical condition such as diabetes, high blood pressure, cancer or even bleeding in the brain. While this is very uncommon, it does occur. Warning signs of a possibly serious condition include:

1. Unusual drowsiness or passing out.
2. Confusion.
3. An unusually bad headache.
4. Vomiting.
5. Change in vision.
6. Convulsions (seizures, fits).
7. Stiff neck.
8. Areas of numbness, tingling or weakness.
9. Stumbling.

### INSTRUCTIONS

1) Aspirin, acetaminophen (Tylenol) or ibuprofen (Advil) may help ease the pain. **WARNING:** Do not take these drugs if you are allergic to them. Do not take these drugs if you are already taking a prescription pain medication. **DON'T GIVE ASPIRIN TO ANYONE LESS THAN 18 YEARS OLD.**

- 2) Try to relax, lie down and sleep if possible.
- 3) A cool cloth over your forehead may help the headache go away.
- 4) Try to avoid stress. Stressful situations sometimes cause headaches.
- 5) If you have repeated headaches make sure to tell your private doctor; you may need to have some tests done.

### 6. Call 9-1-1 for any of the following signs and symptoms of stroke

- a. Sudden weakness, numbness, or paralysis especially on one side of the body
- b. Sudden trouble speaking or understanding what is being said
- c. Sudden trouble seeing in one or both eyes
- d. Sudden trouble walking, dizziness, loss of balance or coordination
- e. Sudden severe headache, with no known cause

Dx 1: Headache

Rx 1: Fioricet Tablets (acetaminophen, butalbital, caffeine) 325mg, 50mg, 40mg

1-2 tablets by mouth every 4 hrs as needed for headache (max 6 tablets per day)

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Follow-up 1: Girauro

F/U MD Ph: \_\_\_\_\_

F/U MD Fax: \_\_\_\_\_

Follow-up 1 Date: 3-5 days

Other Instr: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For NON-emergency questions and concerns - call Regional On-Call at 591-7999

Please note: The examination and treatment that you have received in the emergency department have been rendered on an emergency basis only and are not intended to be a substitute or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single emergency department visit. EKGs and X-Rays: If you had an EKG or Imaging study today, it has been read on a preliminary basis only, and a final review will be made by a specialist. If there is any change from today's Emergency Department reading, you will be notified.

Call to arrange an appointment to see the following physician for follow-up care.

When you call for an appointment, say that you were referred from this emergency department.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

Some of your test results may not be available by the end of your visit. If your test results reveal anything that requires immediate treatment, the emergency department staff will be in contact with you. Per hospital policy, no test results may be given over the phone. To obtain information on any test results you have the following choices:

- You may go to your family doctor who can obtain the results for you.
- You may go to the Health Informatics department in person with proper identification to obtain the results. There will not be a health care professional available to interpret these results for you.
- You may return to the emergency department and check back in - and for a charged visit, you can review your test results with the medical staff on duty.

PLEASE TAKE THESE PAPERS WITH YOU FOLLOW-UP WITH YOUR DOCTOR.

Your diagnoses/prescriptions today are: (following Wellsoft formatting)

**IMPORTANT NOTICE TO ALL PATIENTS:**

Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.



A Division of Spartanburg Regional Healthcare System

**Pelham Medical Center****250 Westmoreland Road****Greer, South Carolina 29651 Phone: 864-530-6000****Patient: Cooper, Wendell****Arrival: 1/18/2016 1200****Pt Acct: 1601830062****Med Rcrd: 000002623****MEDICATIONS REVIEW (Discharge)**

Patient: Cooper, Wendell

DOB: 1/17/1956

Meds Review Printed:

Provider: Frederick, Brian S M.D.

RN Primary: Kristi S. R.N.

**Allergies**

Allergic Substance

Reaction

unknown anxiety medication

| headache

**Home Medications**

Arrival Medication

Instructions

Modified Medication

anucort-hc (25mg rectal supp 24's)

NO CHANGE - keep taking

zolpidem (10mg tablets)

NO CHANGE - keep taking

cialis (20mg tablets)

NO CHANGE - keep taking

naproxen (500mg tablets)

NO CHANGE - keep taking

dexilant 60mg cap(formerly kapidex)

NO CHANGE - keep taking

dexilant 30mg cap(formerly kapidex)

NO CHANGE - keep taking

clopidogrel (75mg tablets)

NO CHANGE - keep taking

Pravastatin

NO CHANGE - keep taking

Oxycodone

NO CHANGE - keep taking

Flonase

NO CHANGE - keep taking

INACTIVE - sumatriptan (50mg tablets)

NO CHANGE - don't take

INACTIVE - isosorbide mn er (30 mg tablet)

NO CHANGE - don't take

INACTIVE - doxycycline hyclate (100mg capsules)

NO CHANGE - don't take

INACTIVE - prednisone (50mg (fifty mg) tablets)

NO CHANGE - don't take

INACTIVE - cyclobenzaprine (5mg tablets)

NO CHANGE - don't take

This list of medications has been reviewed by your doctor and is complete and accurate to the best of our knowledge. However, as your care was provided in the Emergency Department, we may not have all of your information, or there may be errors that we could not discover during the emergency visit. Please confirm all medications and doses with your primary care physician.

**Prescribed Meds / Rx****Rx 1: Fioricet Tablets (acetaminophen, butalbital, caffeine) 325mg, 50mg, 40mg**

1-2 tablets by mouth every 4 hrs as needed for headache (max 6 tablets per day)

**This is the Last Page**

LAW OFFICES

**LYLES, DARR & CLARK, LLP**

104 NORTH DANIEL MORGAN AVENUE, SUITE 220  
SPARTANBURG, SOUTH CAROLINA 29305-2322

KENNETH E. DARR, JR.  
kdarr@lclaw.com  
CARLOS C. JOHNSON  
cjohnson@lclaw.com  
KENNETH W. NETTLES, JR.  
knettles@lclaw.com

TERRY F. CLARK, RETIRED  
FRANK A. LYLES 1923-2012  
WILLIAM C. LYLES 1917-2012  
THOMAS M. LYLES 1980-1987

MAILING ADDRESS:  
POST OFFICE BOX 5726  
SPARTANBURG SC 29304

TELEPHONE:  
864-585-4805

FACSIMILE:  
864-585-4810

December 9, 2015

Mr. Wendell Cooper  
117 Palm Springs Way  
Simpsonville, South Carolina 29681

Re: Wendell Cooper vs. Spartanburg School District Seven  
Case No. 7:13-cv-00991-JMC-JDA

Dear Mr. Cooper:

This letter is to follow up your December 7, 2015, letter and our telephone conversation that same day.

On December 3, 2015, you were personally served with a Notice of Deposition and Subpoena to Testify at Deposition in the above-referenced lawsuit you filed against the school district. The notice and subpoena require you to appear and testify at your deposition on Tuesday, December 15, 2015.

You called me on December 4, but I was out of the office all day. You left a message with my assistant stating you have a conflict with the deposition date because it is the end of the grading period at school. On December 8, I received your letter requesting to reschedule the deposition in mid-January because it would interfere with your teaching responsibilities "as it relates to getting grades into the system, getting final exams, and preparing for the Christmas break, etc." You also stated the deposition would interfere with your preparations to travel out of the country from December 19 to January 2. During our telephone conversation, you repeated these reasons, and also stated you have been having trouble with your school computer, which has affected your ability to enter grades. However, you did not identify any actual scheduling conflict that prevents you from attending your deposition on December 15.

I have discussed your request to reschedule your deposition with the school district. The discovery deadline in this case is February 26, 2016. The administration has informed me that the end of the grading period does not present a conflict or otherwise prevent you from attending your deposition on December 15. The school administration will arrange for a substitute teacher and, as it has done in the past, will assist you as necessary with final exams and entering grades prior to the break. You will need to communicate with the school principal, Paul Hughes, to arrange for any assistance you may need.

Mr. Wendell Cooper  
December 9, 2015  
Page 2

Given that you have not presented an actual scheduling conflict that prevents your attendance or other good cause, the school district intends to proceed with your deposition on December 15 as scheduled.

Sincerely,



Kenneth W. Nettles, Jr.

KED:sm

cc: Dr. Carlotta D. Redish  
Mr. Paul N. Hughes